

## Appendix H

# Glossary

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**APEX/PH** *Assessment Protocol for Excellence in Public Health.* Developed by a consortium of national public health organizations, this is a tool for assessing the organizational capacity of public health agencies (Part I) and the health of communities (Part II). The Washington Department of Health and most local health jurisdictions in Washington participated in an APEX/PH process beginning in 1991. There is also in Washington State an "Environmental Health Addendum" to APEX/PH Part II, containing an expanded set of environmental health indicators.

**assessment** The regular collection, analysis and sharing of information about health conditions, risks, and resources in a community. The assessment function is needed to identify trends in illness, injury, and death, the factors which may cause these events, available health resources and their application, unmet needs, and community perceptions about health issues.

**assurance** Doing something or making sure someone else does it and does it well. A public health jurisdiction responsibility, within available resources and consistent with community and public health problem priorities, to provide leadership in the community, collaborate with other organizations, or—as a last resort—provide a service itself. The specific function or service may, in different communities or at different times, be the responsibility of the public health jurisdiction or other entities in the community. Assurance does not imply an entitlement or guarantee; it does, however, imply that a process has been developed to identify problems which the community wants to address.

**capacity** The ability to perform the core public health functions of assessment, policy development, and assurance on a continuous, consistent basis, made possible by maintenance of the basic infrastructure of the public health system, including human, capital, and technology resources.

**capacity standards** Statements of what public health agencies must do as a part of ongoing, daily operations to adequately protect and promote health, and prevent disease, injury, and premature death. In the Public Health Improvement Plan these responsibilities are stated as capacity standards and separated into five categories: assessment, policy development, prevention, access and quality, and administration.

**certified health plan** A managed health care plan, certified by the Office of the Insurance Commissioner to provide to state residents no less than the health services covered by the uniform benefits package.

**clinical personal health services** Health services generally provided one-on-one in a clinical setting.

**Community Public Health and Safety Networks** Local prevention planning entity created by the Legislature as part of the Washington Violence Reduction Programs Act (ESHB 2319) in 1994. These networks will create a comprehensive violence prevention plan and lead community efforts in resource development and service coordination. Each network is affiliated with a public agency, such as a school district or health department, for fiscal purposes. Networks are made up of 23 members—13 citizen representatives and 10 individuals from local government and agencies core functions of public health.

**care functions** *The three basic functions of the public health system as set forth in the 1988 report, **The Future of Public Health**, by the Institute of Medicine, are assessment, policy development, and assurance. In the **Public Health Improvement Plan** the responsibilities of state and local public health agencies are stated as capacity standards and separated into five categories: assessment, policy development, prevention, access and quality, and administration. Public health agencies perform the core functions by engaging in the activities described in the 88 PHIP capacity standards.*

**environmental health** *An organized community effort to minimize the public's exposure to environmental hazards by identifying the disease or injury agent, preventing the agent's transmission through the environment, and protecting people from the exposure to contaminated and hazardous environments.*

**epidemiology** *The study of the distribution and determinants of diseases and injuries in human populations. Epidemiology is concerned with the frequencies and types of illnesses and injuries in groups of people and with the factors that influence their distribution.*

**Family Policy Council** *The ten member body which has primary responsibility for implementing the youth violence prevention programs of the **Washington Violence Reduction Programs Act (ESHB 2319)**. Members include: Superintendent of Public Instruction, Commissioner of the Employment Security Department, Secretary of the Department of Social and Health Services, Secretary of the Department of Health, Director of the Department of Community, Trade and Economic Development, two members from the House of Representatives, two members from the Senate, and one representative from the Governor's Office.*

**finance** *The sources, timing, and channels of public health funds, and the authority to raise and distribute those funds.*

**foodborne illness** *Illness caused by the transfer of disease organisms or toxins from food to humans.*

**governance** *The legal authority and responsibility for the public health system.*

**Health Personnel Resource Plan** *A process enacted by the Legislature in 1991 to identify health professions personnel shortages and to design and implement activities to alleviate those shortages. It became part of Washington State health reform with the passage of the **Health Services Act of 1993**. The initial 1993-1995 plan was submitted to the Legislature in December 1992. The 1995-1997 plan has been approved by the Governor's Office for submission to the legislature on January 1, 1995. Biennial updates will be prepared in even-numbered years. The plan is prepared under the direction of the Statutory committee, a six-agency committee comprised of representatives from the Department of Health, the Higher Education Coordinating Board, the Department of Social and Health Services, the State Board for Community and Technical Colleges, the Superintendent of Public Instruction, and the Health Services Commission.*

**Health Services Act of 1993** *A Washington State law signed in May 1993 that sets forth early implementation measures and a process for overall reform of the health system in Washington. The goals of the act are to stabilize health services costs, reduce the demand for unneeded services, assure access to essential services for all residents, improve health status, and ensure that health system costs do not undermine the financial viability of nonhealth care businesses. In the act, the Department of Health is charged with developing and submitting the initial **Public Health Improvement Plan** to the Legislature by December 1, 1994.*

**Health Services Information System** *A state-wide health data system which will track health care costs, quality, utilization, and outcomes. The development, implementation, and custody of the system is the responsibility of the Department of Health, with policy direction and oversight provided by the Washington Health Services Commission.*

**Healthy People 2000** *A prevention initiative that presents a national strategy for significantly improving the health of Americans in the 1990's. It recognizes that lifestyle and environmental factors are major determinants in disease prevention and health promotion and provides strategies to significantly reduce preventable death and disability, enhance quality of life, and reduce disparities in health status between various population groups within our society. The official Healthy People 2000 statement/document includes over 300 specific objectives that set priorities for public health during the 1990's.*

**incidence** *The number of cases of disease having their onset during a prescribed period of time. It is often expressed as a rate. Incidence is a measure of morbidity or other events that occur within a specified period of time. See related prevalence.*

**Indian Health Service** *The agency within the U.S. Department of Health and Human Services created in 1955 to provide health care services to American Indians.*

**infectious** *Capable of causing infection or disease by entrance of organisms (e.g. bacteria, viruses, protozoans, fungi) into the body, which then grow and multiply. Often used synonymously with "communicable."*

**interventions** *Recommended strategies and activities for communities to employ in their efforts to achieve the improved levels of health status set forth in the outcome standards.*

**local board of health** *Local boards of health are governing bodies of at least three persons who oversee matters pertaining to the preservation of the life and health of the people within their jurisdiction. Membership is made up of local elected officials. Each local board of health enforces public health statutes and rules, supervises the maintenance of all health and sanitary measures, enacts local rules and regulations, and provides for the control and prevention of any dangerous, contagious, or infectious disease.*

**managed care** *An integrated system of insurance, financing, and health service delivery which focuses on the appropriate and cost-effective use of health services delivered through defined networks of providers and proper allocation of financial risk.*

**morbidity** *A measure of disease incidence or prevalence in a given population, location, or other grouping of interest.*

**mortality** *A measure of deaths in a given population, location, or other grouping of interest.*

**Motor Vehicle Excise Tax (MVET)** *A percentage of the excise tax imposed for the privileges of using a motor vehicle in the State of Washington. A portion of the MVET is a source of funds for the public health system identified in the Health Services Act of 1993. Under the act, cities are required to pay counties 2.95% of their MVET collections to be used solely to support public health activities. This provision does not take effect until July 1, 1995 and could be changed in the 1995 legislative session.*

**non-infectious** *Not spread by infectious agents. Often used synonymously with "noncommunicable."*

**occupational health** *Activities undertaken to protect and promote the health and safety of employees in the workplace, including minimizing exposure to hazardous substances, evaluating work practices and environments to reduce injury, and reducing or eliminating other health threats.*

**outcome standards** *Long-term objectives that define optimal, measurable future levels of health status, maximum acceptable levels of disease, injury, or dysfunction, or prevalence of risk factors.*

**policy development** *The process whereby public health agencies evaluate and determine health needs and the best ways to address them, including the identification of appropriate resources and funding mechanisms.*

**population-based** *Pertaining to the entire population in a particular area.*

**prevalence** *The number of cases of a disease, infected persons, or persons with some other attribute present during a particular interval of time. It is often expressed as a rate.*

*See related incidence.*

**prevention** *Actions taken to reduce susceptibility or exposure to health problems (primary prevention), detect and treat disease in early stages (secondary prevention), or alleviate the effects of disease and injury (tertiary prevention).*

**promotion** *Health education and the fostering of healthy living conditions and lifestyles.*

**protection** *Elimination or reduction of exposure to injuries and occupational or environmental hazards.*

**protective factor** *An aspect of life which reduces the likelihood of negative outcomes, either directly or by reducing the impact of risk factors.*

**public health** *Activities that society does collectively to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, preempt, and counter threats to the public's health.*

**public health department/district** *Local (county, combined city-county, or multi-county) health agency, operated by local government, with oversight and direction from a local board of health, which provides public health services throughout a defined geographic area.*

**quality assurance** *Monitoring and maintaining the quality of public health services through licensing and discipline of health professionals, licensing of health facilities, and the enforcement of standards and regulations.*

**risk assessment** *Identifying and measuring the presence of direct causes and risk factors which, based on scientific evidence or theory, are thought to directly influence the level of a specific health problem.*

**risk communication** *The production and dissemination of information regarding health risks and methods of avoiding them.*

**risk factor** *Personal qualities or societal conditions which lead to the increased probability of a problem or problems developing.*

**Safe Drinking Water Act** *The federal Safe Drinking Water Act (SDWA) was passed in 1974, and amended in 1986. It includes water quality standards, and sampling, treatment, and public notification requirements. The State Department of Health has been granted responsibility for carrying out the provisions of the federal law. This is called "primacy."*

**Self-determination Act of 1975 (Public Law 93-638)** *Federal law which strengthened tribal governmental control over federally funded programs for Indians. The U.S. Secretary of Health and Human Services was authorized to contract with Indian tribes, under which the tribes themselves assumed responsibility for administering the federal programs.*

**standards** *Accepted measures of comparison having quantitative or qualitative value.*

**State Board of Health** *The State Board of Health has ten members, nine of whom are appointed by the Governor. The tenth member is the Secretary of the State Department of Health, or designee. The membership includes people who are experienced in matters of health and sanitation, elected officials, local health officers, and citizen consumers of health care. The board provides a forum for the development of public health policy and has rulemaking authority to protect public health, improve health status, and promote and assess the quality, cost, and accessibility of health care throughout the state.*

**threshold standards** *Rate or level of illness or injury in a community or population which, if exceeded, call for closer attention and may signal alarms for renewed or redoubled action.*

**Tri-Association** *The Association of Washington Cities, the Washington State Association of Counties, and the Washington Association of County Officials are, collectively, the Tri-Association. Responsibilities of the Tri-Association under the Health Services Act of 1993 include analyzing the membership of local public health*

*department/district governing bodies and developing recommendations regarding the appropriateness of Motor Vehicle Excise Tax financing of local public health.*

**uniform benefits package (UBP)** *The subset of the “uniform set of health services” (see below) that is guaranteed to all Washington State residents, funded through insurance mechanisms, and delivered through certified health plans. The initial package design will be proposed to the legislature by the Washington Health Services Commission for the 1995 legislative session.*

**Uniform Crime Reporting System** *The reporting and collection of crime and arrest statistics by law enforcement agencies in a manner consistent with the FBI’s Uniform Crime Reporting program guidelines. The data include counts of crimes known to the police and of arrests made for specific types of crimes. The arrest data are broken down by the age, sex, race and ethnicity of the arrestee.*

**uniform set of health services** *A broad range of health services which includes three overlapping components: (1) personal health services, (2) core public health functions, and (3) health system support. Conceptually the uniform set is composed of the full scope and range of appropriate and effective health services and health system support services. Initially, however, it will be confined to a smaller set of services, those to which access can be ensured.*

**universal access** *The right and ability of all Washington residents to receive a comprehensive, uniform, and affordable set of confidential, appropriate, and effective health services.*

**urgent needs funds** *Allocation of \$10 million by the 1993 State Legislature to local public health jurisdictions to be distributed on a per capita basis to enable them to respond to urgent public health problems and unmet needs existing in their respective communities.*

**Violence Reduction Programs Act (ESHB 2319)** *Legislation enacted during the 1994 session, commonly referred to as the youth violence legislation, which establishes an innovative, community-based strategy for reducing the unacceptably high levels of violent behavior in Washington. The act creates a decentralized prevention effort through the formation of local community networks called Community Public Health and Safety Networks. The act specifically recognizes that violent behavior among youth often occurs along with other problems — called risk factors — such as early pregnancy, dropping out of school, drug and alcohol abuse, suicide attempts, child abuse and domestic violence. Conversely, it also recognizes protective factors which serve to reduce the likelihood of such behaviors, even among those exposed to multiple risk factors.*

**WIC Women, Infants, and Children program.** *Governmental program which funds and delivers health screening and assessment, nutrition counseling and education, and vouchers for specific food items, for women, infants, and children at risk for poor prenatal/perinatal health or poor growth and development.*

**Washington Health Services Commission** *A Governor-appointed state commission created by the Health Services Act of 1993. The commission has five voting members, plus the Insurance Commissioner as a non-voting member. Responsibilities include developing recommendations to the legislature on the design of the uniform benefits package, standards for certified health plans, and systems of accountability for state health system reform.*

